

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
4121101000 DE 19808	
Postage	\$ 12.00
Unsorted Fee	\$ 2.00
Return Receipt Fee (Endorsement Required)	\$ 2.75
Restricted Delivery Fee (Endorsement Required)	\$ 2.00
Total Postage & Fees	\$ 18.75
Sent To LEXAR Media, Inc. C/O CORPORATION SERVICE Company Street Apt. No. or PO Box No. 2711 Centerville Road, Suite 400 City, State, ZIP+4 Wilmington, DE 19808	
PS Form 3800, January 2001 See Reverse for Instructions	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LexAR Media, Inc.
c/o Agent for Process of Service
Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, Delaware 19808

4a. Article Number

7001 0320 0004 3020 1588

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X

Karen Cooper

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.